



CANADIAN COUNSELLING AND
PSYCHOTHERAPY ASSOCIATION
L'ASSOCIATION CANADIENNE DE
COUNSELING ET DE PSYCHOTHÉRAPIE

CCPA Indigenous CEC Forms

Please use **one form for each event**. FORM MUST BE SIGNED.

*Please submit the first page of this form along with the appropriate schedules. Please only submit the schedule required for your event.

First & Last Name (Print/Type): _____		
CCPA Member ID (If you are not a member, a cheque must accompany this application): _____		
Job Title & Organization: _____		
Mailing Address: _____		
City: _____	Prov./State: _____	Postal Code: _____
Phone: _____	Email: _____	

Type of Indigenous Continuing Education Credit (check one)	Instructions for completing this form
<input type="radio"/> Traditional teachings	Complete Schedule (I)A. Attach community attestations signed by designated community members and proof of attendance attestation signed by the traditional teacher/healer/Elder
<input type="radio"/> Healing ceremonies	Complete Schedule (I)B. Attach community attestations signed by designated community members and proof of attendance attestation signed by the traditional teacher/healer/Elder, log of dates, and duration of sessions.
<input type="radio"/> Community engaged scholarship	Complete Schedule (I)C. Attach copy of the scholarship or link to an online version and a community attestation signed by a designated senior administrator/leader in the Indigenous organization/ community

"I certify that I participated in the event listed below and achieved the criteria necessary to obtain the Continuing Education Credits assigned to this event"

*Applicant's Signature: _____

Fees:

Members of CCPA:	No cost to submit CEC applications. Transcript may be requested yearly at no cost.
Non-Members:	\$30 per application. Additional \$30 for issue of CEC transcript to third party.

Options for submitting a completed form:

1. Save and email form to cec@ccpa-accp.ca.
2. Print and fax form to: 613-237-9786
3. Print and mail form to:

202 - 245 Menten Place, Ottawa, ON, K2H 9E8

Schedule (I)A - Traditional Teachings

Start Date (MM/DD/YY)	End Date (MM/DD/YY)	Days:	Hours:

Description of event/Summary of activities: Include brochure or website of the event if applicable.

Learning Outcomes: Please indicate if the traditional teachings addressed one or more of the following Truth and Reconciliation Commission (TRC) Calls to Action:

- Engage learners in service-learning project(s) aimed at community-based program development and design that addresses the holistic wellness needs of local Indigenous peoples through the advancement of Indigenous healing centres that address the spiritual, mental, emotional, and physical harms related to colonization (TRC Call to Action #21)

Briefly describe the traditional teachings learning outcome(s) in relation to the above TRC Call to Action:

- Recognize the value of Indigenous healing practices and implementing them in the treatment of Indigenous clients in collaboration with healers and Elders where requested by Indigenous clients (TRC Call to Action #22)

Briefly describe the traditional teachings learning outcome(s) in relation to the above TRC Call to Action:

- Increase Indigenous health professionals and providing cultural competency training for professionals working with Indigenous peoples (TRC Call to Action #23)

Briefly describe the traditional teachings learning outcome(s) in relation to the above TRC Call to Action:

- Provide an Indigenous health course in a post-secondary health program (TRC Call to Action #24);

Briefly describe the traditional teachings learning outcome(s) in relation to the above TRC Call to Action:

and/or

Other: please identify the corresponding TRC Call to Action and describe below.

In your own words, what did you learn? How have your cultural knowledge, skills, or competencies been enhanced? Please explain how the traditional teachings have contributed to your professional development.

In your own words and in general terms, how will you utilize the traditional teachings in your counselling/ psychotherapy practice?

Please include the following information regarding the traditional Indigenous teacher and location:

Teacher's Name: _____

Sponsor, if applicable: _____

City: _____ Prov./State: _____

Email: _____

Community Attestation for Traditional Indigenous Teacher (*note: Attestations from immediate family members of the traditional healer/Elder are deemed ineligible*).

It is recognized that in the Indigenous tradition, the credibility of a traditional Indigenous teacher/healer/ Elder is determined by community acknowledgment. Therefore, community attestation for the traditional Indigenous teacher/healer/Elder is required with one of the signatures being the manager/director of the given Community's Health Office/Department/Program, senior manager/administrator of the given Indigenous organization, or by a member of the Community's current Council (or designated Indigenous governing body).

I, _____ (name of community member) attest that _____ (name of teacher) is identified as a traditional Indigenous teacher, traditional healer and/or Elder in _____ (name of community).

***Signature:**(of the above community member) _____

AND

I, _____ (name of community member) attest that _____ (name of teacher) is identified as a traditional Indigenous teacher, traditional healer and/or Elder in _____ (name of community).

***Signature:**(of the above community member) _____

Proof of Attendance - Attestation

It is recommended that you take this form with you and have the teacher sign the following attestation.

Please note that a receipt is not a valid proof of attendance.

I, _____ (name of teacher), self-identify as an traditional Indigenous teacher, traditional healer and/or Elder. My Indigenous traditional teacher(s) who shared their knowledge with me are _____. I led traditional teachings where _____. (name of participant) engaged in traditional teachings for _____ hours and I can attest to his/her participation.

***Signature:**(of the above teacher) _____

Schedule (I)B - Healing Ceremonies

Nature of healing ceremonies. What did you learn? How have your cultural knowledge, skills, or competencies been enhanced? In general terms, how will you utilize the learning from the healing ceremony (or ceremonies) in your counselling/psychotherapy practice? Please explain how the activity has contributed to your professional development and/or contributes to the advancement of the counselling/psychotherapy profession.

Start Date (MM/DD/YY)	End Date (MM/DD/YY)	Days:	Hours:

Traditional Healer/Elder Information:

Name: _____ Years of Traditional Practice: _____

Email: _____ Phone Number: _____

Type(s) of Healing Ceremonies Facilitated _____

Professional Designation/ Membership, if applicable _____

***Signature:**(of the above teacher) _____

Community Attestation for Traditional Healer/Elder *(note: Attestations from immediate family members of the traditional healer/Elder are deemed ineligible).*

It is recognized that in the Indigenous tradition, the credibility of a traditional healer/Elder is determined by community acknowledgment. Therefore, community attestation for the traditional healer/Elder is required with one of the signatures being the manager/director of the given Community's Health Office/Department/Program, senior manager/administrator of the given Indigenous organization, or by a member of the Community's current Council (or designated Indigenous governing body).

I, _____ (name of community member) attest that _____ (name of teacher) is identified as a traditional Indigenous teacher, traditional healer and/or Elder in _____ (name of community).

***Signature:**(of the above community member) _____

AND

I, _____ (name of community member) attest that _____ (name of teacher) is identified as a traditional Indigenous teacher, traditional healer and/or Elder in _____ (name of community).

***Signature:**(of the above community member) _____

Proof of Attendance - Attestation

It is recommended that you take this form with you and have the traditional healer/Elder sign the following attestation. **Please note that a receipt is not a valid proof of attendance.**

I, _____ (name of traditional healer/Elder), self-identify as a traditional healer and/or Elder. My Indigenous traditional teacher(s)/mentor(s) who shared their knowledge with me are _____. I led healing ceremonies where _____ (name of participant) engaged in these cultural practices for _____ hours and I can attest to his/her participation.

***Signature:**(of the above traditional healer/Elder)

Schedule (I)C - Community Engaged Scholarship

**Please note that a copy of your community engaged scholarship and ethics approval letter must be included as part of the application for continuing education credits.*

Title of community engaged scholarship: _____

APA-style Reference: _____

Link to online version, if available: _____

If you are including a hard copy of the scholarship, would you like it returned to you?

Yes No

If you are including a hard copy of the human research ethics approval letter, would you like it returned to you?

Yes No

Hours and date of community-based scholarship:

Start Date (MM/DD/YY)	End Date (MM/DD/YY)	Number of hours invested in community relationship building and/or partnerships	Number of hours invested in writing	Grand total of hours invested (community relationship building and/or partnerships + writing)

Nature of community-based scholarship. In your own words, what did you learn? How have your cultural knowledge, skills, or competencies been enhanced? In general terms, how will you utilize the community-based scholarship in your counselling/ psychotherapy practice? How was knowledge from the community-based scholarship received and shared with the given community (or communities) or Indigenous organization(s)? Please explain how the activity has contributed to your professional development and/or contributes to the advancement of the counselling/psychotherapy profession.

Community Based Scholarship Outcomes: Please indicate if the community based scholarship addressed one or more of the following Truth and Reconciliation Commission (TRC) Calls to Action:

- Engage learners in service-learning project(s) aimed at community-based program development and design that addresses the holistic wellness needs of local Indigenous peoples through the advancement of Indigenous healing centres that address the spiritual, mental, emotional, and physical harms related to colonization (TRC Call to Action #21)

Briefly describe the community based scholarship outcome(s) and research methodology in relation to the above TRC Call to Action:

Recognize the value of Indigenous healing practices and implementing them in the treatment of

- Indigenous clients in collaboration with healers and Elders where requested by Indigenous clients (TRC Call to Action #22)

Briefly describe the community based scholarship outcome(s) and research methodology in relation to the above TRC Call to Action:

- Increase Indigenous health professionals and providing cultural competency training for professionals working with Indigenous peoples (TRC Call to Action #23)

Briefly describe the community based scholarship outcome(s) and research methodology in relation to the above TRC Call to Action:

- Provide an Indigenous health course in a post-secondary health program (TRC Call to Action #24);

Briefly describe the community based scholarship outcome(s) and research methodology in relation to the above TRC Call to Action:

and/or

- Other: please identify the corresponding TRC Call to Action and describe below.

Community Attestation *(note: Attestations from immediate family members of the scholar are deemed ineligible).*

It is recognized that in the Indigenous tradition, the credibility of scholarship is determined by community acknowledgment. Therefore, community attestation for the community based scholar is required by the senior administrator of the participating Indigenous organization OR the senior administrator of the participating Community's Health Office/Department/Program, senior manager/administrator of the participating Indigenous organization, or by a member of the participating Community's current Council (or designated Indigenous governing body).

I, _____ (name of participating member) attest that _____ (name of community based scholar) is engaged in community-based scholarship at _____ (name of Indigenous organization/community).

***Signature:**(of the above community member)
